

**MARSHALL COUNTY GENEALOGICAL
& HISTORICAL SOCIETY**

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MEMBERSHIP FORM

DATE _____

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MAIDEN NAME _____ BIRTH DATE _____

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CITY _____ STATE _____ ZIP _____

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RESEARCH INTERESTS _____

QUERY FOR NEWSLETTER _____

\$ _____ INDIVIDUAL MEMBERSHIP \$13.00 x 1 year from JAN-DEC 2006
\$ _____ INDIVIDUAL MEMBERSHIP \$13.00 x _____ years from _____ to _____
\$ _____ FAMILY MEMBERSHIP \$19.00 x 1 year from JAN-DEC 2006 (Husb & Wife)
\$ _____ FAMILY MEMBERSHIP \$19.00 x _____ years from _____ to _____
(Husb & Wife)
\$ _____ TOTAL AMOUNT ENCLOSED

PRIVACY PREFERENCE: I do not want my contact information (name, address, phone number or email address) to be put in or on: *Newsletter* *Research/Surname File* *Internet* (Please circle all that apply). If nothing is circled we assume you do allow contact information to be made public.